

U.S. Bankruptcy Court Western District of New York

REQUIREMENTS FOR CLAIMING UNCLAIMED FUNDS

- 1.) Affidavit **MUST** Contain the Title and Case Number.
- 2.) Affidavit **MUST** be dated.
- 3.) Claimant's name and current address **MUST** be shown on affidavit.
- 4.) Claimant **MUST** state why check was not presented for payment at the time of the original disbursement.
- 5.) Requested amount of reimbursement **MUST** be shown.
- 6.) Reimbursement checks **WILL BE MADE PAYABLE TO THE CLAIMANT ONLY.**
- 7.) Affidavit **MUST** be Notarized.
- 8.) Claimant **MUST** State that he/she/business, is in fact, **due the monies.**
- 9.) An **ORIGINAL, Notarized**, Power of Attorney is to accompany the request if claimant is using a second party to reclaim funds.
- 10.) Power of Attorney **IS required** for **ALL** corporations, **WITH** an affidavit that he /she is aware of State Law Requirements for being a personal representative of the corporation.
- 11.) Interest will be paid **ONLY** if authorized by a prior order entered by the **COURT.**
- 12.) Any **change** in name from the **original disbursement MUST** be substantiated, (documentation from the Internet is not acceptable).
- 13.) Affidavit **MUST** contain statement "**UNDER PENALTY OF PERJURY**"
- 14.) A Certificate of Service on the **United States Attorney** of this district **MUST** accompany the affidavit:
U.S. Attorney
Western District of New York
138 Delaware Avenue
Buffalo, New York 14202
- 15.) To be paid from the **COURTS** financial system, the **EIN** or **Social Security Number** of the claimant **MUST** be included. **NO** checks can be issued without this information.

(For the Courts Use Only)

Name & BK #: _____

Claimant : _____

Claimant's EIN # or SSN #: _____

Receipt #: _____

Date Received: _____

Amount:_____

Claim #_____